

Notice of Intent to Permanently Close Underground Storage Tank(s)

FOR
TANKS
IN
NC

North Carolina - Department of Environment, Health, & Natural Resources
Division of Environmental Management - Groundwater Section - U.S.T.
P.O. Box 27687
Raleigh, NC 27611 (919)733-8303

N.C. Dept. of ENHR
State Use Only
I. D. Number DEC 4 1992
Date Received
Winston-Salem

INSTRUCTIONS

Please complete and return thirty (30) days prior to permanently closing tank(s).

Regional Office

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: Brinson Diesel Sales/Serv. Facility Name or Company: North State Telephone
(Corporation, Individual, Public Agency, or Other Entry)
Street Address: P.O. Drawer 2514 Street Address or State Road: 500 Hamilton St.
County: Guilford County: Guilford
City: High Point State: N.C. Zip Code: 27261 City: High Point State: N.C. Zip Code: 27260
Telephone Number (Area Code): (919) 884-2229 Telephone Number (Area Code): _____

Contact Person

Name: Carlyle M. Teague Job Title: Contractor Telephone Number: (919) 882-2916

TANK REMOVAL OR CLOSURE IN PLACE

1. Contact Local Fire Marshall.
2. Plan the Closure Event.
3. Make Site Soil Assessments.
4. Remove Tanks or Close in Place in a Safe and Secure Manner Per API Pubs. "2015 Cleaning" and "1604 Removal & Disposal".
5. Provide a sketch Locating Tanks and Soil Tests.
6. Keep Records for 3 Years.

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:

(Contractor) Name: Teague Pump Co., Inc.
Address: P.O. Box 5512 State: High Point, N.C. Zip Code: 27262
Contact: Carlyle M. Teague Phone: (919) 882-2916

TANK(S) SCHEDULED FOR CLOSURE OR TO BE CLOSED

TANK NUMBER	TANK ID #	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>#1</u>	<u>2,000 gal.</u>	<u>Gasoline</u>	Remove <input checked="" type="checkbox"/> Close in Ground <input type="checkbox"/>
Tank 2	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 3	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 4	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 5	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 6	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 7	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 8	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Tank 9	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

Name and Official title of Owner's Authorized Representative

Teague Pump Co., Inc./Carlyle M. Teague *Scheduled Removal Date: 1-5-93

Signature: Carlyle M. Teague Date Submitted: 12-2-92

*If scheduled removal date changes, Forty-eight hours verbal notice of tank removal is required.

GW/UST-3

White Copy - Owner

Blue Copy - Central Office

Yellow Copy - Regional Office

Pink Copy - Central Files